(VRA 15, 4)

STATE OF MARYLAND

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	FOR - STATE		STATE OF MARYLAND IT OF HEALTH AND MENTAL HYG	SIENE 8	27516
	REGISTRAR DECEASED NAME TYPE OR PRINT)	McIrina	Anthony	REG. NO.	24 8/ 1:55P
- #	SEX	4. RACE 5.	DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
72 hours	Female BIRTHPLACE (STATE OR FOREIGN MARY) Land	76. CITIZEN OF WHAT COUNTRY? 8	Sept 27, 1891 MARRIED NEVER MARRIED DIVORCED DIVORCED	90 YE	NTY OF DEATH
		11. NAME OF HOSPITAL, NURSING H	HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK IN HOUSEWIFE	12b. KIND OF BUSINESS OF INDUSTRY HOME
g 477 13	a. STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADA	AISSION) 13d INSIDE CITY LIMITS? YES NO X	13. STREET ADDRESS Denton-Gre	ensbore Road
1.50	William	Flowers	15. MOTHER'S MAIDEN NA Annie	WIDDLE	Stayton
Page	WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECURITY 21907565	7A Lewis Anth	address nony. Dover,	Delaware APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Then please remove corban papers, re burial, cremation, or removal. injury, or other fraumatic event, the injury.		DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c) ONDITIONS CONTRIBUTING TO DEA	E OF Ceronay	Aten Assimal Disease or CONDITION	GIVEN IN PART 1(0)
Mental Hygiene Prior tot Are total 18 shows ony injur	190. DATE OF OPERATION	196 CONDITION FOR WHICH OP	ERATION WAS PERFORMED	20a AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
Mental or Item 1	OR CONTRIBUTING CAUSE OF DEAL	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M. 21e. PLACE OF INJURY	YEAR 19 21f LOCATION	RED (ENTER NATURE OF INJURY IN ITEM	
21 is marked	AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM,	1990	to On the date and	, 19 , that (I) we) last hour and from the causes stated
ž –	27st PHYSICIAN'S NAME TYPE OF	10	ATTINDING PHYSICIAN &	MEDICAL STAFF DIRECTOR PHYSICIAN	10/26/8
MPORTA	Thomas Faunt		Easton, Md	21601	COUNTY STATE
2/80	Burial Works Pas	10/28/81 Pir	Churchyard OC	70 1	roline Md

Donna Famulator, N.O. Sarton, No. 23001 AND THE RESERVE OF THE PROPERTY OF THE PROPERT

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4	1	FOR - STATE REGISTRAR		DEPAI	RTMENT OF HE	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8	2	7 5	18
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Poge 4 m		Male	4. RACE	ıcasian	5 DATE OF	OAY YEAR	6 AGE (IN YEARS LAST BIRTH	YRS IF	UNDER I YEAR	HOURS MIN.
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ote be executed within 24 hour sicion and completely filled in ppers. Pages I and 2 should be vol.	13a.	Florida Bro	r other institut NTY Oward	13t. CITY OR TO Pompan	oBeach			24th	Avenu	ue
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be execu		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, GI YES WW	RMED FORCES VE WAR OR DATES T			17. INFORMANT Barnie B	. Dettling		. Mi	Md chaels
not the death certificate by the attending physic se remove carbonpape , cremation, or remaval.		18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS! IMMEDIA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost	ED BY: TE CAUSE (o) DUE TO (b)	per line for (0), (b), Pistulu O, OR AS A CONSECUTION OR AS A CONSECU	DUENCE OF .	el rella	elder. Der		BETWEEN O	MATE INTERVAL PASET AND DEATH
he low requires thon. On. hos been signed r permit. Then plecene prior to buriol ene prior to buriol.	CERTIFICATION	PART 2. OTHER SIGNIFICANT AS HD WILL 190. DATE OF OPERATION	the no	NDITION FOR WHIC	lear.	WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [WERE FINDIN NG CAUSES (IGS LISED
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NG Pt r ofter th os the thond	ME	AT WORK AT WORK	E AT HOME	STREET FACTORY, OFFIC	0	STREET	CITY OF TOWN	1	COUNTY	STATE
OR ATTENDI or hospital or DIRECTOR: A oched for use Dept. of Heal		22a.1 certify that (I) (this hosp sow the deceased alive or about the deceased alive or 22b. SPGNALINE	Oci	12 19	6 1, ond	thotar (my) (sor) opinion of	deoth occurred on the dote	ond hour o	,	
by the by the ERAL DI e detoch Control of the Di		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	old			MEDICAL STAFF DIRECTOR PHYSICIA	N	10.14	1.81
0 % 0 % 4 %	22- (Richard F.				Easton, Md				
ВР		urial, cremation, removal specify) Burial uneral director				METERY OR CREMATORY Village C				
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	Newnams Fu	neral	Home ADDRESS		Md. 2160 CT	2 0 1981	b. REGISTRA	R'S STOMATIL	JRE

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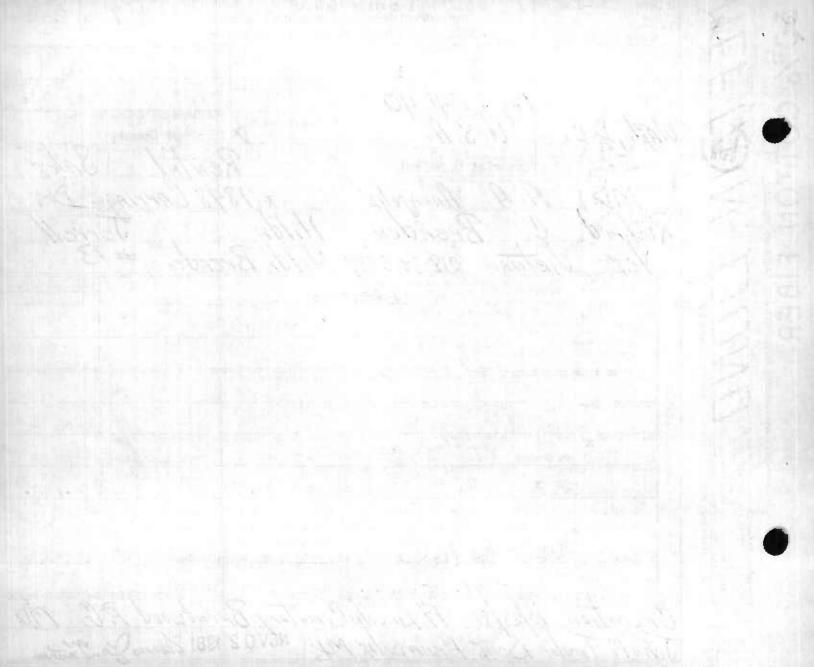
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be of the other		ECEASED NAME FIRST		MIDDLE	BE	TULAH	2a DATE OF DEATH	MONTH DA	7-8/	26. HOUR 45
ge 4 morector, po	3. SE	Male	4. RACE	Black	S. DATE O	ber 1, 1900	6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 14 HRS HOURS MIN.
leath. Po	3	SIRTHPLACE (STATE OR FOREIGN COUNTRY) cderalsburg		F WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY O	OF DEATH	MD.
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completely I and 2 sh	14. F	ATHER'S NAME Louis Beula	MIDDLE H	LAST		IS. MOTHER'S MAIDEN NAME FIRST Mary Flamer	MIDDLE		LAST	
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physicion popers. mayol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse p ED 8Y: ATE CAUSE (b)_	er line fo (a) (b), and	J m	onia		THE.		AATE INTERVAL
eoth cert trending ve corboi on, or re	7	4860 Conditions, if ony, which		OR AS A CONSEQUE			Marie II			1300
s that the deoth co ed by the ottendin bleose remove cost riol, cremation, or or other troumatic		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO,	or as a conseque	NCE OF					
equires to signed. Then pleated to burion injury, or	NO NO	PART 2 OTHER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO	EATH BUT	Charles to the term	INAL DISEASE OR CON	DITION GIVE	N IN PART 1(o	1
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ING PHYS r attending After this as the bur lith and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLAC	E OF INJURY STREET, FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
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OR A DIREC DOREC DORPT.	10	22/ SIGNATURY	hs	us. I		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F IAN []	22c. DATES	18/81
O HOSPITAL etained by the TO FUNERAL should be detained to the MAPORTANT:		22d PHYSICIAN'S NAME (TYPE William J. B	of PRINT)	A.D.		Easton, Md.	1	4 3		-(-)
De De Maria	23a	BURIAL, CREMATION, REMOVA (SPECIFY) BUTIAL	L 23b. DATE	23c. 1	deral	EMETERY OR CREMATORY	23d LOCATION	nuro (county	STATE Md.
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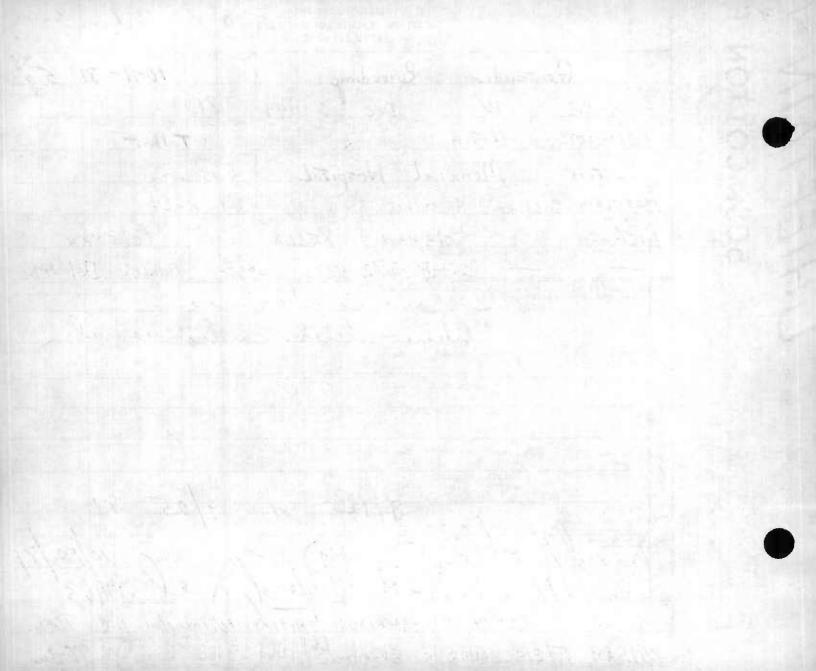
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2	6	11-	FOR STATE	DEPARTMENT OF H	HEALTH AND MENTAL HYGIE	15 /	2 6 6
1			REGISTRAR	MEDICAL EXAMIN	ER'S CERTIFICATE OF DE	ATH REG. NO.	
			CEASED NAME FIRST	WIDDLE	LAST	20. DATE KNOWN W MON	TH DAY YEAR 26. HOUR
1.000	Bang-	(,,,	RICHARD	JERR ELL	BREADEN	DEATH MATED 10	1-27-81
E PERDY	ASE SE	3. SE		5. DATE OF BIRTH 6. AGE (IN YEA	RS IF UNDER 1 YR. IF UNDER 24 HR		TH DAY YEAR 1 21 HOUR
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	STATE OF THE	117	Date D	17 (1)	MARRIED NEVER MARRIED		
	TANA	100	TO OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME	WIDOWED DIVORCED	Falbot Count	
	1.5.5.7	W.		(IF NOT IN SUCH FACILITY GIVE STREET ADDRESS)	OR OTHER INSTITUTION	RMOST OF WORKING LIFE)	OF INDUSTRY
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6	SEE SEE		STATE 13b. COUNT	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN	13d. INSIDE CITY LIMITS 1134 F	TOE V ACONESS!	X' .
2	A P P P P P	/	111/	1. H. VINNAPOLI	YES NO	848 CAPPIA	ige Dr.
BALTIMORE MD 21201	A 3.2	118	ATHER'S NAME	IMIDDLE DIAST	13. MOTHER'S MAIDEN NAM	MIDDLE	1 LAST //
L.	RS AFTER DEATH GIVE PAGES 1, VITH FORM PM PAGES 1 AND DIVISION OF THE	1/	1Chard C	Kreaden	HIIGA		errell
OW C	FER DE FORM ON	7 16a.	WAS DECEASED EVER IN U.S. ARM	AED PORCES? 166. SOCIAL SECURITY	NO. IT. INFORMANT	DDRESS	112
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4	B. GIV WITH WITH T. PAC DIVISI		18 CAUSE OF DEATH (Enter anis	y ane cause per line for (a), (b), and (c).);	707.77		APPROXIMATE INTERVAL
12	SE S		PART I DEATH WAS CAUSED	BY: Doxepin into	xication		BETWEEN ONSET AND DEATH
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ES C	L H A B I A		Canditions, if any, which				J. L. H. S.
>	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		gave rise to immediate cause (a) stating the under-	(b)	\F		
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8	S S S S S S S S S S S S S S S S S S S	1	PART 2 OTNER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMI	NAT ORCENS ON CONDITION CHIEF IN THE SAME		
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2	S CIR RDED SE 3S OF PE	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
٥	WARD WARD PAGE TATE D	1 -	AT WORK AT WORK	motel	Econ Motel Rt.	O Easton Tal	bot Co., Md.
-		1	22a I certify that I took charge	e of the remains described above, held an	Autopsy XX. Inspection .	Inquiry . and in my	v apinian
-	M C T C T S		death resulted fram:	al causes . Accident . Sui		etermined manner .	
	CERT CERT DIRE		B.L.	n n 11 11	TITLE (SPECIFY)		
	A PECCHE		ACTUAL SIGNATURE	with methods	M.D.Assistant_M	DICAL EXAMINED SIC	TE 10-28-81
	ETHE FTHE SHOOPE	1				DICAL EXAMINER SIC	10 10 20 0 1
	TO MEDICAL EXAMINER: RECURT HE CERTIFICATE PAGE 4 SHOULD BE FOR TO PUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARRYLAND.	4	(TYPE OR PRINT) Ma	argarita A. Korell.M.	D. ADDRESS 111 Pen	n Street	
	PAGE PAGE BAUTIE	73a.3	WRIAL CREMATION BEMOVAL 23			OCATION /	30 5
	BP	1/	Pemntion V	0/28/8/ It LING	ON CEMELERY 9	pentwood)	17/2
	A STATE OF THE STA	24	UNESAL DIRECTOR	1	25a. DATE REC'D.	BY REGISTRAR 1756 REGISTRAR	'S SIGNATURE
	DHMH-17 (VR A15 ME (5))	[7]	TON M. Touler	1 SOUS HANA DOL	ICIVI WOVO.	2 1981 Frances	Yes With
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7	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG, NO	7524
PLEASE RECTOR. R FILES. HOURS STREET,	(1)	CEASED NAME FIRST HARRY	F. CHRISTOPHER 20. DATE KNOWN OF ESTI- DEATH MATED DE	MONTH DAY YEAR 26. HOUR
AHY, PLEASE DIRECTOR. OUR FILES. THOURS	3. SE	m W	DATE OF BIRTH ANONTH DAY YEAR LAST BIRTHDAY) APP 1 1 0, 1910 71 YRS. 6. AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED DEAD DEAD 9. BALTIMORE CITY O	10-19 1981 10 AM
(A B	oreign country) Maryland	U. S. A. WIDOWED DIVORCED TALBO	MD.
DELAN N P P P P P P P P P P P P P P P P P P	1	A STON	MEMORIAL HOSPITAL @EASTON Formost of Working LIFE)	OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
AND AND COLLEGE OF SECOND	13a. S	ALRESIDENCE (IF IN NURSING HOOR OR	TOUR OF THE PROPERTY OF THE PR	d
M ME STH.	2	Howard	MIDDLE LAST 15. MOTHER'S MAIDEN NAME MIDDLE T. Christopher Lattie T.	Rash
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DIVISIC THIS CERTING WRITING WAGE 3 SH PAGE 3 SH TATE DEPA	MED	214. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN	COUNTY STATE
TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORY AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 21]		ACTUAL SIGNATURE	Acoures Acident Suicid . Hymicide . Medical examiner . Medical examine	DATE SIGNED 19-81
TO PAC	(county state Car. Md.
DHMH-17 20M 1/73 (VR A 15 ME (5))	24. F	UNERAL DIRECTOR	ADDRESS ADDRES	STRAR'S SIGNATURE

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		CEASED NAME FIRST	MIE	DOLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
y be		Roge	r El	lis	Cla	rk		10/21/81	10:15P _M
4 mo	3. SE		4. RACE		5. DATE OF BIRT	H DAY, YEAR	6 AGE (IN YEARS LAST BI	RTHDAY) IF UN	DER 1 YEAR IF UNDER 24 HRS
9 (P)		Male	Ш		127 26	5 DAY 05 TEAR	75	YRS.	
death. P. funer. Hun 7.		IRTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF W	A .	WIDOWED	DIVORCED	9 BALTIMORE CITY O		DEATH MD.
by the filed with	10. C	Easton	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET A IN THE	DDRESS)	ER INSTITUTION	12ª USUAL OCCUPAT TYPE OF WORK FOR MOST. Funeral D	OF WORKING LIEFY IN	2b. KIND OF BUSINESS OR NDUSTRY r Funeral
ly filled in should be lee must be	13a.	AL RESIDENCE (IF NURSING HOME STATE 13b. CC		VE RESIDENCE BEFORE . 3c. CITY OR TOWN Easton		SIDE CITY LIMITS?	13e STREET ADDRESS Harrison	St.	
completely 1 and 2 sh	14. F	Oscar Cla	WIDDLE	LAST	15. M	OTHER'S MAIDEN N			LAST
Poges 1		WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	6b. SOCIAL SECUR		FORMANT	ADDR	ESS	
		no	2	213-05-	6277 J	hn E. B	oulais	Green	nsboro. Md.
equires that the death certificate by signed by the attending physicio Then please remove carbon popers to burial, cremation, or removal. injury, or other traumotic event, the		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAL IMMED Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR A	AS A CONSEQUE	MG OF				APPROXIMATE MITERVAL BETWEEN ONSET AND DEATH J. J.
Then pl	NO	PART 2 OTHER SIGNIFICAN	HONDITIONS CON	LELLER	EATH BUT NOT F	ELATED TO THE TER	RMINAL DISEASE OR CON	IDITION GIVEN IN	N PART 1(0)
te hos been sit permit. I given prior shows ony ii	CERTIFICATION	190. DATE OF OPERATION	. 19b. CONDITI	ON FOR WHICH (OPERATION WA	PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	RE FINDINGS USED G CAUSES OF DEATH? NO []
2 18 E	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M.	MONTH DA	Y YEAR		JRRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)
After this certifice os the buriol-roith and Mento	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY T, FACTORY, OFFICE, FA		OCATION STREET	CITY OR TO	OWN (COUNTY STATE
DIRECTOR: Af		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	0/-	19 6	1		n death accurred on the d	, 19_d late and hour and	from the couses stated
		22b. SIGNATURE	Certalo	od)	DEGRE	ATTENDING PHYSICIAN	MEDICAL STA	FF	221. DATE SIGNED (2)
retoined by the TO FUNERAL should be detained the Store with the Store		22d. PHYSICIAN'S NAME (TY)	800	0	22e /	ADDRESS FAS	STON N	d	
		BURIAL, CREMATION, REMOV	23b. DATE 10-23			RY OR CREMATORY	Dention	Caralco	Me Md. STATE
BP H-16 30M 2/80 (VRA 15, 4)	24.5	Burial	24	Transpers	2) -	11	ATE REC'D. BY REGISTRAR	Caroli	
er deleter	4	7	0 -0		000	.00	127 1981 2	Sences 1	Therese

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ADDRESS

Easton

Newnam Funeral Home

(VRA 15, 4)

STATE OF MARYLAND

DAY

26 HOUR

9:00

12b. KIND OF BUSINESS OR

Covey

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO F

STATE

Md

COUNTY

22c. DATE SIGN

IF LINDER 24 HRS

81

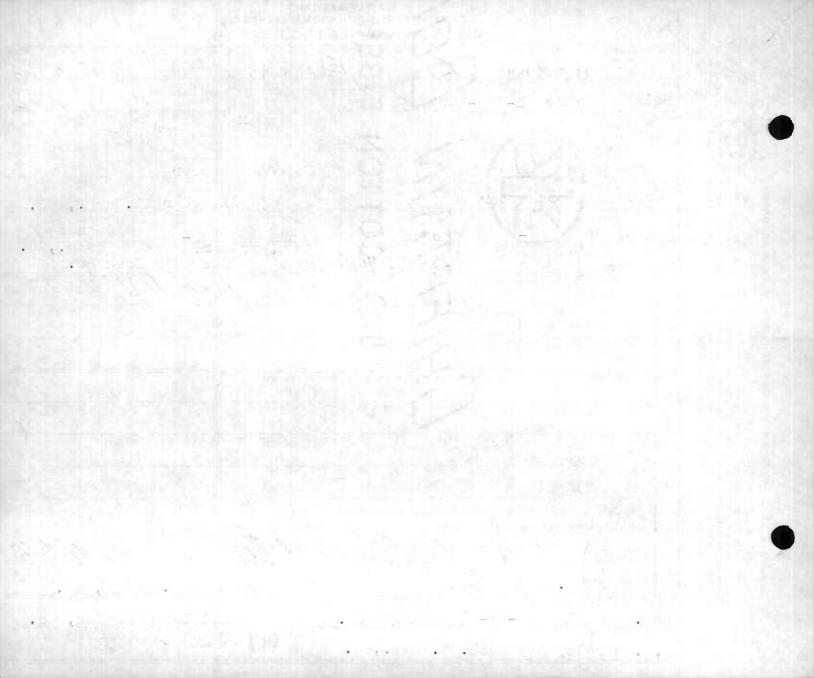
IF UNDER 1 YEAR

INDUSTRY

17/		FOR STATE	1		F HEALTH	ARYLAND AND MENTAL H	YGIENE	27	5 2	7
		REGISTRAR	MEI		INER'S CE	RTIFICATE O	F DEATH RE	G. NO.		Digital la
CHE WE		CEASED NAME FIRST LE OR PRIMIT) Jame	s Pa	middle itrick	DiNenna	ı,Sr.	20. DATE KNOW OF ESTI DEATH MATE	. KO.	7 181	26. HOUR
N STREE	3. SE		S. DATE OF BIRTH	YEAR LAST BIRT		DAYS HOURS	24 HRS. 2c. DATE MIN PRONOUNCED DEAD	MONIH	DAY YEAR	2d FOUR
NECESSARY FIUNERAL D. S. FOR YOU. W. PRESTON	FC	M W IRTHPLACE (STATE OR IREIGN COUNTRY)	76. CITIZEN OF WI	13 78 HAT COUNTRY?		NEVER MARRIE	D D BALTIMORE C	OR COUNTY	OF DEATH	1 N
70.07.1/	10. CI	TTELLO, ITALY TY OR TOWN OF DEATH EASTON		PITAL, NURSING HO	SS)		12a. USUAL OCCUPATION		OR INDUST	RY
P ANY D AND 3 RETAIN HOULD	USU / 13a. S	AL RESIDENCE (IF IN NURSING HOME TATE TO COUN	OR OTHER INSTITUTION, GI		ISSION)		13. STREET ADDRESS 220-9th St			
	14. F/	ATHER'S NAME FIRST Michael	MIDDLE	DiNenna	1	5. MOTHER'S MAIDEN Carmela	NAME MIDDLE	DiGa	tti	
BALTIMORE, MD. URS AFTER DEATH URS AFTER DEATH WITH FORM PM. PAGES I AND 2 DIVISION OFWER	16a V (Y	VAS DECEASED EVER IN U.S. AR ES, NO, OR UNKNOWN) (IF YES, GIVI NO	WAR OR DATES)	714 07 90			shington,D. DiNenna-wif		st.s.	E.
200		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUSE	lly ane cause per line D BY: TE CAUSE (a)	far (a), (b), and (g).)	4 00	clusion			APPROXIMATI BETWEEN ONSE	INTERVAL T AND DEATH
		Canditians, if any, which gave rise to immediate	DUE TO, OR	as a consequence	arts	Diseuse			4000	Pas .
5, 301 W. PREST ECUTED WITHIN AL EXAMINER A REMEAURENSIT RUD MENTAL HY NO, OR REMOVAL		cause (a) stating the <u>under</u> lying cause last.	(c)	AS A CONSEQUENC						
L RECORDS, 30 ULD BE EXECU "PENDING" IN FF MEDICAL I FE ABUR HEALTH AND CREMATION.	NO	PART 2 DTHER SIGNIFICANT CONDITIONS					(1 (a).			
VITAL REC	CERTIFICATION	196. DATE OF OPERATION	19b. CONDIT	TION FOR WHICH OF	PERATION WA	S PERFORMED?			20 AUTOPSY	? NO 🗌
CERTIFICATE SHI CERTIFICATE SHI ING THE WORR DED TO THE CH SED TO THE CH DEPARTMENT OF PRIOR TO BURIAL		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH P.M	MONTH DAY YE	EAR 21c. HOV	W INJURY OCCURRED	(ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2	")	
DIVISI THIS CERT THIS CERT WARTING WARDED PAGE 3 SI STATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e. PLACE C STREET, FACT	OF INJURY (AT HOME, ORY, FARM, ETC.)	. 21f. LOC/ STR		CITY OR TOWN	COUNT	Υ	STATE
" m gk _ 0.5		22a. I certify that I taak char death resulted fram: Natu	ge of the remains des		Autapsy Suicide ,	Inspection	Undetermined manner	and in my apini	an	
AL EXAMINE CERTIFIED BE CALLED BE CA		ACTUAL SIGNATURE	is S. Me	tta	, M.D	TITLE (SPECIFY)	MEDICAL EXAMINER	DATE SIGNED	16-7	1-81
TO MEDICAL EXAMINER EXECUTE THE CERTIFICAL PAGE 4 SHOULD BE FO TO FUNEAR DIRECTOR AFTER DEATH, WITH THE BALTMORE, MARYLAND,		EXAMINER'S NAME (TYPE OR PRINT)		INEL		DDRESS GAO	ton med	21601		
	(:		23b. DATE Oct. 10,19		ncoln C	emetery	23d LOCATION CITY OR TOWN Colmar Me			TATE
DHMH-17 20M 1/73 (VR A15 ME (5))		uneral director ee Funeral Home	300-4th	St.N.E. Wa	0002 ash.D.C		13 1981 24	neas San	Nathe	N.

Survisi Oct. 10,1953 Va. Etneoln Casatory Column Manor, Md.

	1			STA	TE OF MARY	LAND	26 1	en many	e 2 co	0
	11.	FOR STATE				MENTAL HYGIE		2 /	a) La	
	1,-	REGISTRAR	ME	DICAL EXAMIN	ER'S CERT	IFICATE OF DE	ATH REG	NO		
	1 DE	CEASED NAME FIRST		MIDDLE	LAST					
	(TY	PE OR PRINT)			1	,	20. DATE KNOWN OF ESTI-	MONTH I	DAY YEAR	b. HOUR
9 10 W H	1	iten	RY	E.	Ed	mousas	DEATH MATED	0/10	191981	200
2	3. SE		5. DATE OF BIRTH	6. AGE (IN YE	ARS IF UNDER 1	YR. IF UNDER 24 HRS.	2c. DATE	MONTH	1	d HOUR
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		ale Negro		1923 58 v	RS.		DEAD	18 -1	7 1901	1AM
-	70. B	IRTHPLACE (STATE OR	76. CITIZEN OF WI	HAT COUNTRY?	8. ALADDIED	NEVER MARRIED	9. BALTIMORE CIT	Y OR COUNTY	OF DEATH	
3	1.5	REIGN COUNTRY)	USA	1				216-+		
	1			-	WIDOWED L		16	1001		MD.
0	10. C	ITY OR TOWN OF DEATH	II. NAME OF HOS	PITAL, NURSING HOMI	, OR OTHER INS		UAL OCCUPATION MOST OF WORKING LIFE)	(TYPE OF WORK 12h	OR INDUSTRY	NESS
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-	USU		7	VE RESIDENCE BEFORE ADMISS	ONI	C 4 2/0// 1	a DOT. Q.T.			
1	113a S	TATE _ LIN COUNT	Υ	13c CITY OR TOWN	13d. IN	SIDE CITY LIMITS? 13e. ST	REET ADDRESS			
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	14. F	ATHER'S NAME			15 MG	OTHER'S MAIDEN NAM	F		1100	*
1		FIRST	MIDDLE	LAST	13.744	FIRST	WIDDLE	Trales	onds	
/		Amos	-	Edmonds		Suzie	-			
7		WAS DECEASED EVER IN U.S. ARM JES, NO, OR UNKNOWN) (IF YES, GIVE W		16h. SOCIAL SECURIT	Y NO. 17. INF	FORMANT (Brot	her) ADDR	ESS C	amb., M	d.
1	(,		AR OR DATES]	1212-11-	401300	of e Edmo	- 0.1		La.	
۰		100	4	was at	1-1-13	G. MUJILL	1100 074	the City of		
		1B. CAUSE OF DEATH (Enter only	ane cause per	for the ign condition	11/	1. //1	1114.1	111	APPROXIMATE IN BETWEEN ONSET A	DERVAL ND DEATH
		PART I DEATH WAS CAUSED		ex will	1411	4//4//	4/11/11	NA		-
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REMOVAL		7.7.7.7	DUE TO, OK	NO W CONSEQUENCE		/				
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		cause (a) stating the under-	CHILD CO. Co	AS A CONSEQUENCE	OF.					
		lying cause last.	1	ALCOHOL MANAGEMENT	377					
			(c)							
		PART 2 OTNER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PART 1 (a).				
	Z									
-	İĚ	19a DATE OF OPERATION	TIM CONDIT	TION FOR WHICH OPER	ATION WAS DEE	PEORMEDS		- 1	0 AUTOPSY7	_
>	Ů.	MANAGER OF STREET	10, 100, 100, 1	The state of the s	THE PERSON NAMED IN				W. AUTOPST?	
1	E		91	China Walliam					YES 🗌	NO
١	CERTIFICATION	THE EXTERNAL CAUSE WAS	ZIB. TIME OF			JURY OCCURRED (1971)	NATURE OF HUMEN HUMEN	A TREATT OF FART I	C.	1
P	l j	UNDERLYING OR		MONTH DAY YEAR						
	0	CONTRIBUTING CAUSE OF D	minimum and the second							-
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY (ATHOME, ORT, FARM, ETC.)	7H. LOCATION	N	DESCRIPTION OF STREET	2000000		4824
	2	AT WORK AT WORK	STREET, PAC	OH, FARM, LIC.	STREET		ERY OF TOWN	COOM		STATE
		AT WORK I AT WORK								
	1	72s. I certify that Utook thorog	of the remoust dev	cribed above, held on	Autopsy	Anspection .	Inquiry D	and in my opinio	No.	
		///	1 10	- []		10		T open	700	
		death resulted from: Nature	doures Al.	Agefdient L. Su	icide H	Soynicide La Unde	termined manner	1		
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		ACTUAL //	1/1/1	//h/ll	X1 1	111111111		DATE	10-19	451
	†	SIGNATURE //	0000	2000	M.D.	MET MET	PICAL EXAMINER	SIGNED.	11	4
7		TEXAMINER'S NAME TO THE		1.1		/				-
×	4	(TYPE OR PRINT) R. CT	aine Wro	otn	ADDRE	ss nemoria	1 Hosp.	Easton.	Md.	
	23a B	URIAL, CREMATION, REMOVAL 23		123c. NAME OF CEA			OCATION ORTOWN			
	(:	SPECIFY)				CIT		COUNTY	STATI	
		0 0	10-24-81	Mercy	cem.			runswi		
	24. F	UNERAL DIRECTOR	ADDRESS			25a. DATE ASCID. B	Y REGISTRAR 256. 8	EGISTRARESIGI	NATURENCE	
	L		03 Wash.	.st.Camb.	Md.	001 ~	0 1001	SERVE STEEL OF		
	-									



FOR

REGISTRAR

24 FUNERAL DIRECTOR

Newnam Funeral Home

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN Oxford Talbot Oxford Cemetery Easton, Md

REG. NO

26. HOUR

12h KIND OF BUSINESS OR

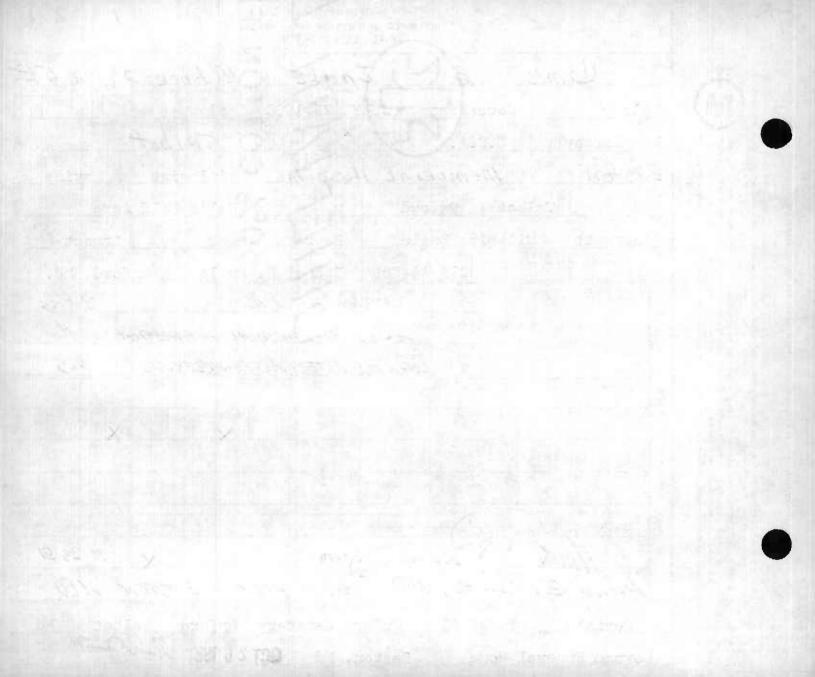
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO

Marine

Stuart

Oxford, Md.



	1	FOR • STATE REGISTRAR	ı	DEPARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY CICATE OF DEATH	GIENE B REG. N	2 7	5 3 0
deoth 3		CEASED NAME E OFFIST	rd B.	Far	well Jr.	20 DATE OF DEATH	MONTH DAY	8/ 12 N
2	3. SE	Male	Caucasian	S. DATE O	GAY YEAR	6 AGE (IN YEARS LAST BIR	YRS.	NDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
W 51		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	DUNTRY? 8 MARRIE WIDOWS	NEVER MARRIED	9 BALTIMORE CITY C	or COUNTY OF	DEATH
Short of the		Easton	Memorial	HURSING HOME CONTROLL TO Spital	at Easter	120 USUAL OCCUPAT (1YPE OF WORK FOR MOST OF Model Mal	OF WORKING LIFE)	26 KIND OF BUSINESS OF NOUSTRY Machinist
n 24 hau filled in hould be	130		NTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	llows A	
and	E	ther's name Ldward		well, Si		WIDGLE		Brescha
the execution on the execution on the control of th		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)	1AL SECURITY NO. 1-01-454	Frances B	. Farwell		ord, Md.
equires that the death certing is signed by the attending in the price, cembalon, ar remitively, or other troumatic eviluary, or other troumatic eviluary.	NO	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CO	DNSEQUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN I	N PART IIa
hysician. Icote hos beer ronsit permit. Hygiene prior Hygiene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	r which operatio	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WE IN CERTIFYING	ERE FINDINGS USED G CAUSES OF DEATH?
drySicians: Inding physicians certificate buriol-tronsis Mental Hygior for item 18 sh	MEDICAL CER	210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF GE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	ATH HOUR A.M. MON	19 Y	216 HOW INJURY OCCUI			
or offer the as the as the marked	W	WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hasp	(AT HOME, STREET, FACTOR	1	STREET 19	CITY OR TO		
HOSPITAL OR ATTEN lited by the hospital FUNERAL DIRECTOR uids be detoched for u titue State Dept. of H ORTANT If Hem 21 is		SUM The deceased alive or above, (1) (we) (did) (did as 22b SANATURE 22d PHYSICIAN'S NAME (THE of	of laner)	th_19, or	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	ote and haur one	
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23u. i	James Giesk BURIAL CREMATION REMOVAL			Easton, Md	23d. LOCATION CITY OF TOWN	co	UNITY STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 F	Burial UNERAL DIRECTOR NAME Newnam Fu	A TOTAL STATE	AODRESS	eteran's Ce	HUTTOCI	The Doro	chester Md

and campletely "lied

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and ca should be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND

DECEASED NAME INTEREST INTE	1	STATE	DEP		EALTH AND ME		IE O I	lan		
SEX BACE S.D. AEC S.D. AE	1.06		AA (DD) 5							
BETTERFACE SUBSTITUTE OF WHAT COUNTRY? BETTERFACE SUBSTITUTE OF WHAT COUNTRY OF WHAT			MIDDLE	- ·	1 1	70	. DATE OF DEATH	MONTH		26 HOUR
BETHPRACE STATE OF CHEEN DATE OF CHEEN DATE OF WHAT COUNTRY BETHPRACE STATE OF COUNTY OF DEATH DATE OF DAT	1 68	90 ill	am	rou	ntain		105	10 -		JA
BRITHPIACE THE CORDINATOR OF WHAT COUNTRY? MARRIED DIVORCED BALTIMORE CITY OR COUNTY OF DEATH WIDOWED DIVORCED DI	3. 36.		2/10	S. DATE C			AGE (IN YEARS LAST	BIRTHDAY		HOURS MI
ALCERT OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION E ASTON II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. STATE III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION III. CHARLES OF HOME OR OTHER HOSPITAL AT EUSEDAN III. STATE III. COUNTY III. CHARLES NAME III. NAME OF HOSPITAL AT EUSEDAN III. NAME	b 10.1	7778-18	18/K	170V2 19			80			
III. CELLOWING DEATH III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION The USUAL OCCUPATION ITHEORY WORK FOR MOST OF WORKING US! INDUSTRY INDUSTRY ITHEORY WORK FOR MOST OF WORKING US! INDUSTRY ITHEORY WORK FOR MOST OF WORK FOR MOST			76 CITIZEN OF WHAT COUN	MARRIE		RRIED 🔟	BALTIMORE CITY	OR COUNT	YOFDEATH	
EASTON	10.77	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL NI	WIDOWE			- LISUAL OSSUBA	ALL	07	
USUAL RESIDENCE IS PRINSPORT COME PROPERTY OF CONTRIBUTION OF TESTORICS OF THE ADMISSION IN THE STATE OF THE	176 01		(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	L G. I					OF BOSINESS
136 COUNTY 136	DSD		OR OTHER INSTITUTION CINE RESIDENCE	Ospital a	it Easto	<i>N</i>				
15. MOTHER'S NAME MIDDLE LAST 15. MOTHER'S MADER NAME MODLE LAST MODLE				or but upinionicial				5	111	-1
TREST MODIE CAST TREST MODIE CAST TREST MODIE CAST TREST MODIE CAST	14 E A	THERE NAME	RIPOT EASI	ten	Card		526	TRI	6-00	57
WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH (Enter only one couse per line for io), (b), and ic) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate couse jo), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gave rise to immediate couse jo), stating the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse lost DUE TO, OR AS A CONSEQUENCE OF conditions in the underlying couse	14. FA		MIDDLE D LAS	1	13. MOTHER'S M	AIDEN NAME	WIDDLE		LAS	T
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TO FUNERAL DIRECTOR: After this ce should be detached for use as the buri with the State Dept. af Health and Mer BP

DHMH - 16 50M 1/B1 (VRA 15, 4)

0-28-81 Cremation
24 FUNERAL DIRECTOR Newnams Funeral Home

236 DATE

23a BURIAL, CREMATION, REMOVAL

23c. NAME OF CEMETERY OR CREMATORY Fort Lincoln Crem.

Easton, Md. 21601

23d LOCATION

COUNTY Md.

Brentwood

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STATE OF MARYLAND

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached for use as the buriol-transit permit. Then please remove corban papers. Pages 1 and 2 should be filed with the State Dept. or Albeith and Americal Hygiene prior to burial, cremation, or removal.

ctor, page 3 ofter death

	1.	FOR - STATE REGISTRAR	DEI	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 1 2	7 5 3 7
		ECEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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	3. SE	FEMALE	WHITE	5. DATE C	EIL23, 1890	6. AGE (IN YEARS LAST BIRTHDAY) 90 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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MPORTANT		22d. PHYSICIAN'S NAME ITHE	0 =	-	22e ADDRESS		
A			P. Carney, M.		Easton, Md		
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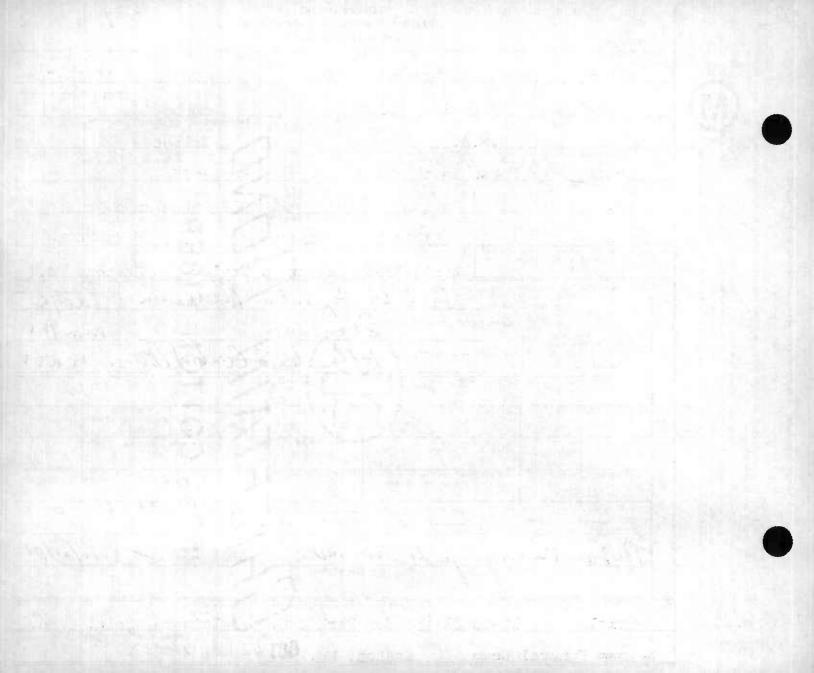
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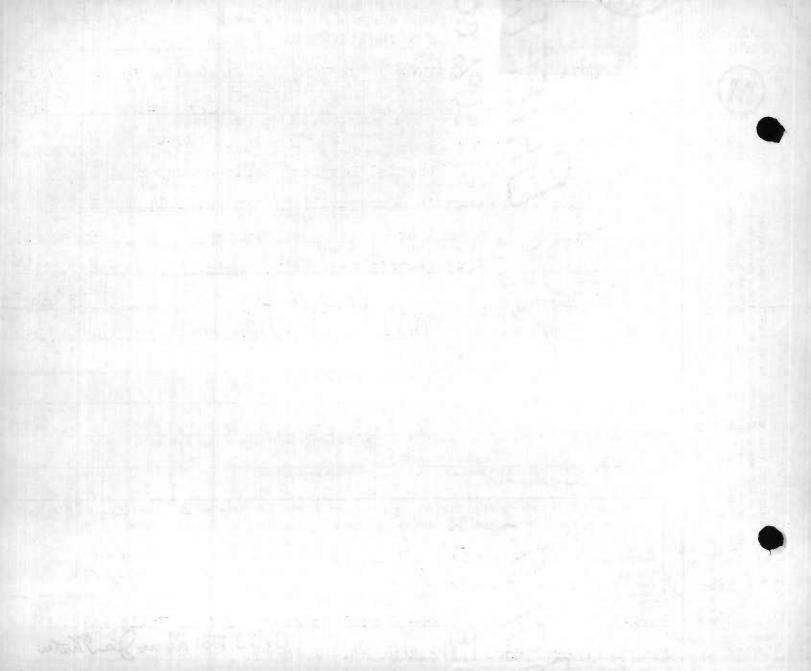
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	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE O 1 2	1 3 4 1
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	E					S NO
2	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH I	21c HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18. F	PART 1 OR PART ?)
	AL	OR CONTRIBUTING CAUSE OF DE		DAT TEAR		
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
	¥	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITTORIOWN	STATE
-		220.1 certify that (1) (this hosp	nitol) ottended the deceased fram		_, to	19, that (we) last
		saw the placeased alive of obave (I) live) (did (did w	ot view the body ofter death.	ond that in (our) opinion	death occurred on the date and hou	r and fram the causes stated
		22k SIGNATURA	1 1	DEGREE AL A		22c. DATE SIGNED/
		Mount	eros to lo R	W Trever MUTTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/21/8/
\dashv		ZAL PHYSICIAN'S NAME LIVE	F - Put	22e. ADDRESS	_ sweeton _ ritisician [. / 01
			/			
	23o. E	URIAL, CREMATION, REMOVAI	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
	(Burial	10-23-81 L	oudon Park Cem.	Baltimore	Balt. Md.
	24 FU	INERAL DIRECTOR		25a. DA	TE REC'D. BY REGISTRAND REGIST	
	1	Newnam Funer	al Home	Easton, Md. GCT	22 1981 June	
		ACANTIGITY T CITICITY	GI HOME	Habcoll, Ilu. Per		III-



		249		ATE OF MARYLAND	0 1 0	7 3 4	-7
FOR STATE				F HEALTH AND MENTAL		/ 3 4	3
HEALTH DEPT.				INER'S CERTIFICATE O	F DEATH		
HEALIH DEFI.	1. DECEASED-NA (Type or Prin		Middle	Lost	20. DATE KNOWN	Month Doy Yeor	2b. HOUR
CEA :	(Type of Till	ORIA	CLAYTON	KNIGHT	OF ESTI- DEATH MATED	10 23 198.	1 5AN
(NA) i	3. SEX	4 RACE	5. DATE OF BIRTH 6. AGE (In lost birth	n years IF UNOER I YEAR IF UNOER 2 hday) MONTHS DAYS HOURS	LC. DAIL IRONOUNCED DE		2d. HOUR
	Male	White	Sept.30,1908 73	YRS.	Month Do	Y Year 19	5:30
A 21	To. BIRTHPLACE	(Stote or foreign	7b. CITIZEN OF WHAT COUNTRY? 8.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
= aC8(2)	Mary Mary	land	U.S.A.	WIDOWED 🔀 DIVORCED 🗌	Talbot		M
hours hours lifem e olon	10. CITY OR TOV	VN OF DEATH	11. NAME OF HOSPITAL OR INST	TUTION (If not in hospital 120. US	SUAL OCCUPATION (Kind of work	done 12b. KIND OF BUS	SINESS OR
Md. 2 nin 24 l bencil in 's Office	East		Memori	al Hospital Ra	adio-operator	red.) INDUSTRY	
Md S OF S	30. USUAL RES		nd wind institution: Residence before 13	Ic. CITY OR TOWN 13d INSIDE CITY L	MITS? 13e. STREET AND NUMBER		
# F = 6 5		Md	Queen AnneC	rasonville YES 🗆 N	** R.D. 1,	Box 168	
WO DE TO	14. FATHER'S NA	ME First	Middle Lost	15. MOTHER'S MAIDEN NAME	First Middle	los	it
BALTIMORE, xecuted with ending in cal Examine ones and in the control of the cont		Louis	Knight	Fa	annie	(unkn	lown)
exect exect pend lical lical with	16o. WAS DECEAS (Yes, no, or ur	ED EVER IN U.S. ARMED F	war or dates of service)	17. INFORMANT	ADDRESS		36.1
I STREET, BALTIMORE, Md. 2 hauld be executed within 24 h he ward pending in pencil in Chief Medical Examiner's Office mit. File pays	No	(", (",)	090-14-36	93 Loretta M.	Ennis	Grasonvi	11ed
STRI uld wai ief ief	18. CAUS	E OF DEATH (Enter onl	y one cause per line for (o), (b), and (c).)	10115		APPROXIMATE BETWEEN ONSET	INTERVAL AND OEATH
TON ST e shauk ng the w the Chief permit. in any e	PAK		TE CAUSE (a)	H.J.H. D	,	31	120
301 W. PRESTON This certificate sk certificate, writing th forwarded ta the burial-transit per	23	00	DUE TO, OR AS A CONSEQUENCE OF	7+ MA AA	Λ	5	1
This certificate, writinated to burial-transit removal, and	rise to im	s, if ony, which gove mediote couse (o),	(b) 11a	kles Welle	tus	J (410.
This cert rtificate, v orwarded burial-tra	stoting th	e underlying couse	DUE TO, OR AS A CONSEQUENCE OF				
301 This ertifica orwar orwar remar	lost.	,	(c)				
DS, 301 W. PRESTON STREET, NER. This certificate shauld be the certificate, writing the ward be forwarded to the Chief Med ss a burial-transit permit. File n, ar remayal, and in any even	PART 2. OT	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING TO DEATH BUT NOT RE	LATED TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 1(o)		
L EXAMINER: execute the ce should be fo used as a	S	05.0050.000					
Courte Co	190. DATE	OF OPERATION	19b. CONDITION FOR WHI WAS PERFORMED?	CH OPERATION		20. AUTOPS	1?
L RECO	E CALLED	NAL CAUSE WAS				YES	NO 🗌
Se 4 Se 4		NAL CAUSE WAS OR CONTRIBUTING	21b. TIME OF INJURY Month, Doy, Yeor HOUR A.M.	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Part 1 or Pa	rt 2, Item 18.)	
MEDICAL MEDICA	₹ CAUSE OF	DEATH	P.M 19				
o≻ ₹ .	₹ [21d. INJUR WHILE		LACE OF INJURY (At home, farm, street, tory, office building, etc.)	21f. LOCATION Street or R.F.D. No.	City or Town	County	State
	AT WORK	AT WORK	, , , , , , , , , , , , , , , , , , ,				
bivision TO DEPU is necess al directa d far yau Page 3			aak charge af the remains described	abave, held an Autapsy 🔲,	Inspection 🔀, Inqui	ry 🔯 , and in m	ny apinian
TO TO Jelay is uneral of tained fill Hygiene	deat	h resulted fram:	Natural causes 🔀 Accident, [, Suicide, Hamicide	e 🔲, Undetermined ma	nner 🔲	
delay in funeral retained ECTOR:		()/6	21	CHIEF MEDICAL E	XAMINER	,	
TREC	ACTUAL SIGNATU	RE X	Amilh . A		ENE EVALUATION	DATE SIGNED	
If any delay to the funeral ty be retained at DIRECTOR:	EXAMINE		5 - 41 //		EXAMINER 🔀	0/29/81	
after death. If 2, and 3 to Page 5 may Health and Meath	TVAME (1		. Umilh IVV		city, town, or county)	/ //	
nd dec	23o. BURIAL, CR REMOVAL	(Specify)		METERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (S	itote)
2, c Page To	Buria	1 - 10	-27-81 Stone C	hapel Cemetery	Owings Mil	ls Balt.	Md
DHMH-17 1/71 10M	24. FUNERAL DI	KECTOR	ADDRESS	269 REG 5	RY PEGISTRAP REGIST	RARY SIGNATURE	-
(VR A15ME (5))	Newna	m Funera	1 Home Easton	Md. DATE	O LI 1001 WINDHER	Han with	No.



STATE OF MARYLAND

	1-	STATE REGISTRAR			DEPA		ICATE OF DEATH	GIENE REG. N	40	, ,,	
	TYPE	CEASED NAME ORPRINT)	Eva		WIDDLE	L	emand	26. DATE OF DEATH		28, 1981	26 HOUR 25
	3. SE	Female RTHPLACE (SLATEORE			asian	S DATE OF MONT		6 AGE (IN YEARS LAST B	YRS.	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
1	Ma	ryland	178	U.S.	Α.	WIDOW	D NEVER MARRIED DIVORCED DOROTHER INSTITUTION	9 BALTIMORE CITY	albe	-	MI OF BUSINESS OR
100	USUA	Facton AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION	CH FACILITY, GIVE ST	TREET ADDRESS)	ospital	Housewif	OF WORKING LIFE		T BUSINESS OR
-	13a S	TATE Md THER'S NAME	Tal	bot	East	NWO	134 INSIDE CITY LIMITS? YES NO 1 15 MOTHER'S MAIDEN NA		Hanson	n St.	
p.	160 V	William VAS DECEASED EVER	IN U.S. AR		Wa1	ker ECURITY NO.	Lottie 17_INFORMANT	ADDR	ESS	Day	is
	,	NO NO OR UNKNOWN)		e war or dates)		2-8437	Teaford W.	Leonard	Eas	ston,	Md
THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	NO	Conditions, if any, gove rise to imm couse (a), statin underlying couse	nediate g the last	(b)	R AS A CONSE	OUENCE OF	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	IDITION GIVE	N IN PART 1(c	
1	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
	MEDICAL CER	216. ACCIDENT WAS UND OR CONTRIBUTING CO (IF EITHER NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WHAT WORK AT WORK	AUSE OF DEA	HOUR A. P. 21e. PLACE	M. MONTH M.	19	211. HOW INJURY OCCUR			COUNTY	STATE
		220. I certify that (I) saw the decease above, (I) (we) (d 22b. SIGNATURE	(the basps			9 81 ,0	nd that in (my) (our) opinion	, 10			
		22d. PHYSICIAN'S NA	ME (TYPE O	P Ca	nga	>	ATTENDING PHYSICIAN 22e. ADDRESS	MEDICAL STA		10/2	5/8/
				Carney,			Easton, Md				
		URIAL, CREMATION, I SPECIFY) Burial	REMOVAL	23b. DATE 10-31		Spring	Hill Cem.	23d LOCATION CITY OF TOWN Easton	Tal	Lbot	Md

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

Newnam Funeral Home

24 FUNERAL DIRECTOR

Easton, Md. 21601

1000 0 2 1981 Courses Sign Parther

12	1,	FOR STATE	DEI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL H	YGIENE 8	2 7 5 4 5
	I. DE	REGISTRAR CEASED NAME FIRST	MIDOLE	CERTIFICATE OF DEATH	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
ay be	3. SE	WILLIA	M PURCE	LEWIS 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	8-8/ 12 PM
Page 4 m		m	W	3 25 23	58 _{YR}	MONTHS DAYS HOURS MIN.
death. Po	7a. B	IRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio	76. CITIZEN OF WHAT COUL	MARRIED NEVER MARRIED WIDOWED DIVORCED		
the day		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	IURSING HOME OR OTHER INSTITUTION STREET APPRESS) HOOP IT AL @ EASTON	120. USUAŁ OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND 2120: ate be executed within 24 haurs is size on and completely filled in by yole. Pages 1 and 2 should be filled in the medical exemine must be not the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemine must be not as a size of the medical exemption.		AL RESIDENCE (IF NURSING HOME OF STATE 13b. COU	R OTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY OF	E BEFORE AOMISSION) R TOWN 113d. INSIDE CITY LIMITS?		IIndust. Cra
within within a withi	14. F.	ATHER'S NAME	bot Roya	al Oak YES NO W	Bellevue	Road
RE, MAR ecuted w d comple es l'ond icol exon	160.	Owen Lev	verett Lew	_		Purcel1_
on and or Pages			VE WAR OR DATES!	The second secon	L. Usilton	Royal Oak Md.
DS, 201 W. PRESTON ST., BAL quires that the death certificate signed by the attending physici han please remove carbanapapet han please remove carbanapapet io buriol, cremotion, ar removal.	×	Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) CONDITIONS CONTRIBUTION	SEQUENCE OF autur	Bisse RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)
NG PHYSICIAN: The low require offerthis earlifcate has been signs of the buriol-transit permit. Then and Memtal Hygiene prior to barked or Item 18 shows ony injury or the dor Item 18 shows ony injury or the prior of the prior	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR V	VHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF IN CE	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
ON OF VITAL RIPER INTERIOR OF VITAL RIPER INTERIOR OF SERVITICATE HOS MOUTHOUS TO SERVIT OF THE SHOWS THE SHOWS		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONT	H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18. PART I OR PART 2)
DIVISION DING PHYS or attendir After this e e os the bu oith and M marked or I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.	CITY OR TOWN	COUNTY STATE
TTENDI pital or TOR: A for use of Heol		22a.1 certify that (1) (this hasp say the deceased alive or d) (did n	n 105 ot) view the body ofter state	from 10 10 10 19 19 19 19 19 19 19 19 19 19 19 19 19	on death accurred on the date and	hour and from the causes stated
PITAL OR A by the hosy the hosy the hosy the hosy transfer of the detached State Dept. ANT: If Item		"Illered"	T' Jan		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED
TO HOSPITAL retained by the TO FUNERAL should be deto with the State IMPORTANT.		AUBERT T.	DAW KIN	5 STZ. The ADDRESS	FUNDICA ST	many LAND
BP		BURIAL, CREMATION, REMOVAI (SPECIFY) Cremation	23b. DATE 10-9-81	23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
DHMH-16 30M 2/80		UNERAL DIRECTOR		Delmarva Cemator	ATE REC'D. BY REGISTRAR 256. REG	- M
(VRA 15, 4)	N	lewnam Funera	1 Home	Easton Md.	1 = 1000	Quallarium

Charles Jackwey Dibration

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter

etoined by the hospital or attending physicion.

1.	REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.			
	CEASED NAME	FIRS1	٨	AIDOLE	1	AST	20 DATE OF DEATH M	ONTH DAY	YEAR 2b.	HOUR
		ouise		14.	N	No Gath	Oc.	Tober 20	1 ASI	65
3. SE		4 R	RACE		S. DATE C	OF BIRTH	6 AGE IN YEARS LAST BIRTH	DAY) IF UND		UNDER 2
	emale		Negro		4-	24- 1903	78	YRS.		JOHN
	IRTHPLACE (STATE OR I	OREIGN 76 (WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED D	9. BALTIMORE CITY OR	COUNTY OF D	EATH	
1	ITY OR TOWN OF DEA		I F NOTIN SUCH	Memou	ADDRESS)	OR OTHER INSTITUTION	12d USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Laborer		KIND OF BUDUSTRY	USINES
	AL RESIDENCE (III) AN STATE	Dor		GIVE RESIDENCE BEFOR	VN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS RFD 1 Box	8		
	ATHER'S NAME	MIDD	DI E	LAST		15. MOTHER'S MAIDEN NA	ME		LAST	
H	ldward	Jam	ies	Johns	on	Emma	windle	Ca	amper	
16a V	WAS DECEASED EVER	(IF YES, GIVE WA		220-01		(sband) ADDRESS McGrath RI		or 8	
	Conditions, if ony,	AS CAUSED BY IMMEDIATE CA	AUSE (o)	R AS A CONSEQU	-	e CVA-				
TIFICATION	Conditions, if ony, gove rise to imm couse (o), stoffin underlying couse	which mediate con the lost	DUE TO, OR (b) DUE TO, OR (c) NDITIONS CO	R AS A CONSEQUI	ENCE OF DEATH BUT	NO RELATED TO THE TERM NO REL	MAINAL DISEASE OR CONDI	TION GIVEN IN 20b. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF	DEATH
L CERTIFICATION	Conditions, if ony, gove rise to imm couse to imm underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAT	which mediate Cong the lost WIFICANT CON TION	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DUE TO, OR (c) 196 CONDIT	R AS A CONSEQUI	ENCE OF ENCE OF DEATH BUT SHOPERATIO	NOTRELATED TO THE TERM NOTE PROPERTY OF THE TER	AINAL DISEASE OR CONDI	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF	S USED DEATH
	Conditions, if ony, gove rise to imm couse (o), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAL 21a. ACCIDENT WAS UND OR CONTRIBUTING CIFEITHER NOTIFY MEDIC	which mediate cy the lost NIFICANT CON TION DERLYING CAUSE OF DEATH CALEXAMINER	DUE TO, OR (b) DUE TO, OR (c) JUITIONS CO IFFC 196 CONDITIONS 216. TIME OF HOUR A.A. P.A.	R AS A CONSEQUING THE PROPERTY OF THE PROPERTY	ENCE OF ENCE OF DEATH BUT SHOPERATIO	NOTELATED TO THE TERM DEOLETES N WAS PERFORMED 216. HOW INJURY OCCUR	AINAL DISEASE OR CONDI Wallutu 200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	E FINDINGS CAUSES OF	DEATH
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stofin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAL 21a, ACCIDENT WAS UNE OR CONTRIBUTING C	which mediate con the last last last last last last last last	DUE TO, OR (b) DUE TO, OR (c) IDITIONS CO IPP CONDITIONS 21b. TIME OF HOUR A.A. 21e PLACE CE	R AS A CONSEQUING THE PROPERTY OF THE PROPERTY	DEATH BUT	NOTRELATED TO THE TERM NOTE PROPERTY OF THE TER	AINAL DISEASE OR CONDI Wallutu 200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES IN ITEM 1B PART I OF	E FINDINGS CAUSES OF	DEATH
	Conditions, if ony, gove rise to imm cause (o), stolin underlying cause PART 2 OTHER SIGN 19a. DATE OF OPERA! 21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC 21d, INJURY OCCURR	which mediate Cong the lost WIFICANT CON TION CAUSE OF DEATH CALEXAMINER RED WIRE CONSTRUCTION CALEXAMINER RED WIRE CALEXAMINER RED WIR	DUE TO, OR (b) DUE TO, OR (c) DUE TO, OR (c) DITIONS CO P. CO 21b. TIME OF HOUR A.A. P.A. 21e. PLACE C (AT HOME STRE ottended the	R AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOTRELATED TO THE TERM	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN death accurred on the date	20b. IF YES, WER IN CERTIFYING YES 1 IN ITEM IB PART LOS	E FINDINGS CAUSES OF N PART 2) DUNTY , that	STA
	Conditions, if ony, gove rise to imm couse (a), stolin underlying couse PART 2 OTHER SIGN 19a. DATE OF OPERAL 21a. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIX AT WORK NOT WHAT WHAT WHAT WHAT WHAT WHAT WHAT WHA	which mediate (g) the lost (lost) NIFICANT CON TION DERLYING (Lost) CAUSE OF DEATH (CALEXAMINER) RED Whis hospital) (did not) vie	DUE TO, OR (c) DUE TO, OR (c) IDITIONS CO IFFC 196 CONDITIONS 216 PLACE C (AT HOME STREE ottended the couple of the body of the	R AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21r. HOW INJURY OCCUR 211 LOCATION SIREET And that in my (our) opinion DEGREE ATTENDING PHYSICIAN P	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURY CITY OR TOWN death accurred on the date	20b. IF YES, WER IN CERTIFYING YES NIN ITEM IB PART LOS	E FINDINGS CAUSES OF N RPART 2)	STA
	Conditions, if ony, gove rise to imm couse in storing in underlying couse PART 2 OTHER SIGN 21a. ACCIDENT WAS UNE OR CONTRIBUTING CIFE EITHER NOTIFY MEDIC 21d. INJURY CONTRIBUTING OF CONTR	which mediate (g) the lost (lost) NIFICANT CON TION DERLYING (Lost) CAUSE OF DEATH (CALEXAMINER) RED Whis hospital) (did not) vie	DUE TO, OR (b) DUE TO, OR (c) IDITIONS CO IPP CONDITIONS 21b. TIME OP HOUR A.A. P.A. 21e PLACE (AT HOME STREE ottended the ew, the body of	R AS A CONSEQUI	ENCE OF DEATH BUT OPERATIO AY YEAR 19 FARM, ETC.)	NOTRELATED TO THE TERM	ANNAL DISEASE OR CONDI WALLIAM 200 AUTOPSY? YES NO CITY OR TOWN CITY OR TOWN death occurred on the date MEDICAL STAFF DIRECTOR PHYSICIA	20b. IF YES, WER IN CERTIFYING YES NIN ITEM IB PART LOS	E FINDINGS CAUSES OF N PART 2) DUNTY , that	STA

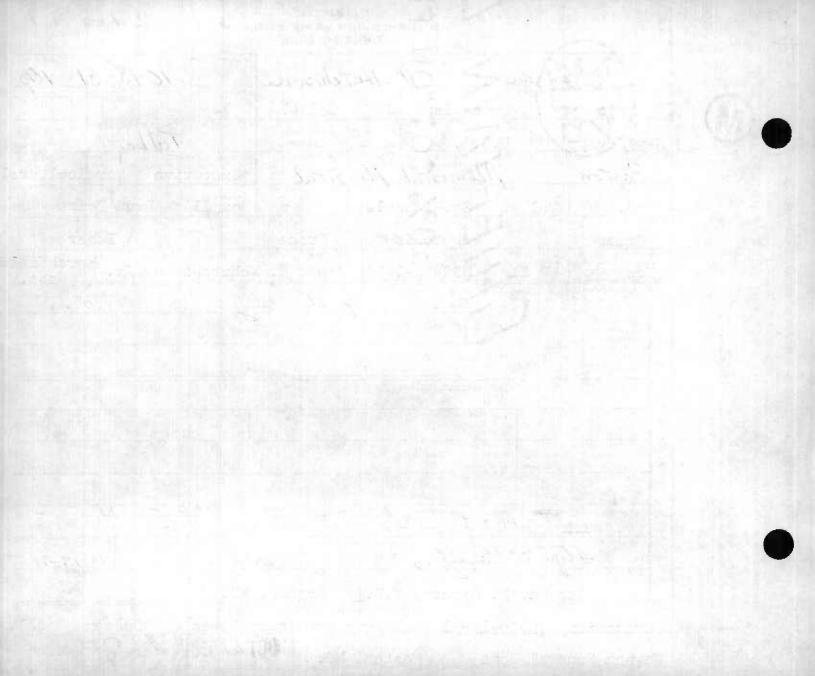
DHMH - 16 50M 1/B1 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fishould be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The world de the state of the s Manual Commence of the Train Terry Detrick, M.D. L. F. Santiday & C. F. Marine Str. Marine and 1961 1961 Edward Ja. That's

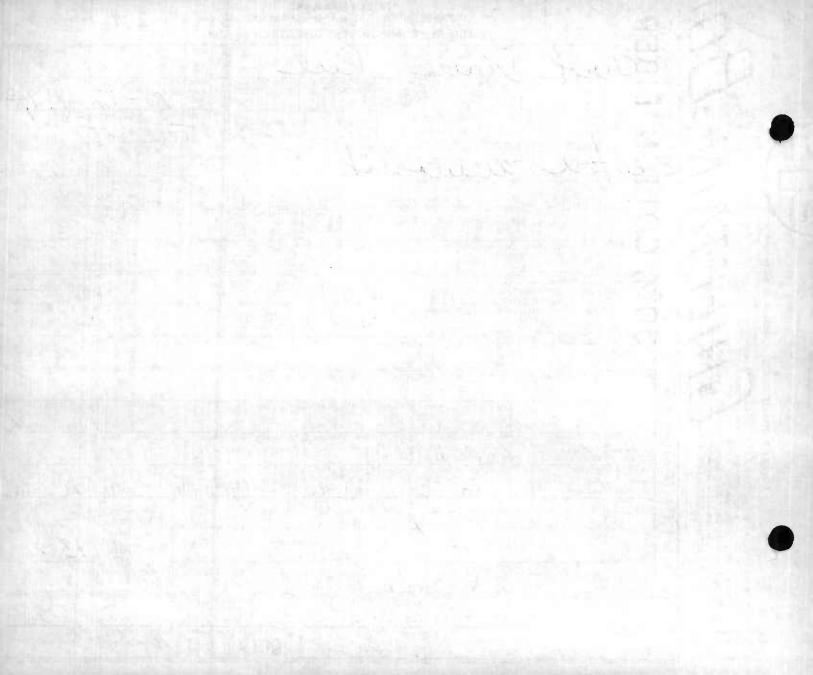
STATE OF MARYLAND



1							MARYLAND		0	doug to	2 0
1	FOR STATE						HAND MENTAL		La	1 2	40
-	REGISTRAN		FIRST	WED	MIDDLE	INEK 5	LAST		REG. NO.	ONTH DAY	YEAR 12h HO
	TYPE OR PRINT)	MILL	. 1	N		Passa		20. DATE OF DEATH	ESTI-	4 111	C.1 4/9
IS	EX	4. RACE	Y ! (1)	ATE OF BIRTH		NYEARS IF U		R 24 HRS. 2c. DATE	MATED	INTH DAY	YEAR 2d 40
Ter	emale	Whit	MO	LO 23	01 79			MIN, PRONOUN DEAD	ICED //	14	81 42
Ta.	BIRTHPLACE	(STATE OR		ITIZEN OF WHA		18	IED P NEVER MAR	9 BALTIM	ORE CITY OR CO		
	FOREIGN COUNT	(Y)		U.S.A.		WIDOV	44	- 1	12/60	+	N
10.	CITY OR TOW	N OF DEATH			ITAL, NURSING HO		HER INSTITUTION	126. USUAL OCCU		ORK 12b. KIND	OF BUSINESS
	Ea:	iton	1	lemoria	21 HOSE	, at	Easton	Clerk	KING (II C)		ication
	JAL RESIDEN STATE		COUNTY	R INSTITUTION, GIVE	136. CITY OR TOW		134. INSIDE CITY LIMITS?	13e. STREET ADDRE	SS		
	Md		191	007	Easton		YES NO	Box 534	- Route	5	
14.	FATHER'S NA	WE	MADE	268	LAST		15. MOTHER'S MAIL	DEN NAME	DOOL	LAD	
160	Edwin	SED EVER IN L	D.	CACTES	Nelson	OLA VIDE	Helena 17 INFORMANT		ADDRESS	Tho	mpson
180	(YES, NO, OR LIN	DIDWIN THE	EL ONE WAR DE	(DATES)	da				A 844 A CONT. MODE	0 113	
=	No	OF DEATH (E		-/-	216-07-0	03/	Edward	assano	Easto		Command actions
	PART	DEATH WAS	CAUSED BY	course per sine	or (o) (b), and (c).)	111	1412/11	NIA	4//1/	A BETWEE	DEMATE INTERVAL IN ONSET AND DEA
	141	UG M	MEDIATE CA		quan	14	Much	ayrea	W me		
П	11/	//	(DUETO, OF	S A CONSEQUEN	CE PE		/			
L		tions, if any,		(h)/K1	Meeri	an	nen				
ш	couse	(a) stating the		DUE TO, OR &	CONSEQUEN	CE OF	,			2.11	
	lying	couse last.	- (/							
		R SIGNIFICANT CON	DITIDNS CONTRI	BUTING TO DEATH BU	T NOT RELATED TO THE 1	TERMINAL DISEAS	SE DR CONDITION GIVEN IN I	PART 1 (a).	9 11 1		
CERTIFICATION											
CA	190. DATE	OF OPERATIO	N	196. CONDITIO	ON FOR WHICH O	PERATION W	VAS PERFORMED?			20. AUT	TOPSY?
PILE			44.5								S NO [
1	210. EXTER	NAL CAUSE W	/AS	HOUR A.M.	NJURY MONTH DAY Y		OW INJURY OCCUR	RED (ENTER NATURE OF IN	IURY IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	CONTRIB	JTING 🗌 CAU	SE OF DEATH		19						
EDI	21d. INJUR	Y OCCURRED		21e. PLACE OF	FINJURY (AT HOME		CATION STREET	CITY OR TO	WN	COUNTY	STATE
3	AT WORK	NOT WH	ILE	JINEET, TACTO	nt, i nam, etc.)		o.n.e.	CITTORIO	****	COUNT	STATE
	-	/-1						TX.	DY .		
	4	//	k chapge of th	ne remains descr	ibed abave, held a	n Autop				my opinion	
	death re	ulted from	Motural co.	- A.	Accidenty .	Soloide	, Homicide	Undetermined me	onner,		
	ACTUAL	VT	MI	10/1	1/1 00	1	TITUS (SPECIFY)			- 10	111-00
	ACTUAL SIGNATU	REA L	414	un	1.000	N N	A.D. XXXXXX	MEDICAL EXAM		IGNED	1701
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	(TYPE OR	R'S NAME	Lane	Wroth.	M D		ADDRESS St	MToboolo	M4 216	62	
230	BURIAL, CREA	MATION, REMO				CEMETERY C	OR CREMATORY	MIchaels.	Md. 2160	3.3	
	(SPECIFY)	oval		0/15/81				CITY OR TOWN		COUNTY	STATE
24	FUNERAL DI		1 4	0/ 17/ 01			25g, DAT	REC'D. BY REGISTRA	R 125b. REGISTRA	AR'S SIGNATUR	RE N
-	NAME		3	ADDRESS	Ma			OCT Z.O	441 Ch	anu Que	alleren
	Anaton	ly Board	J	Balto.	, IVICL.			401 4	AN 1 2 12	China China	

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4 9 1	1-	FOR STATE		AAI			H AND MENTAL I		2 1	1 3 4	3
1 4/	T DE	REGISTRAR CEASED NAME	Title	MI	MIDDLE	INEK 2	CEKTIFICATE		REG. NO.		
11 1		CONTRACT SAME	0	7).	MIDDLE	1-	J	OF	NOWN MON	TH DAY YEAR	2b. HOUR
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#DE OF	1, 5E)		CE '	MONTH DAY	YEAR 1.457 BIRT		NDER I YR. IF UNDER	MIN PRONOUN	CED A	H DAY YEAR	2d HOUR 930
()		emale	-	12 2		YRS.		DEAD	10-	1 198	10M
- FEBRUA-	76, 81	Ohio ,		6. CITIZEN OF V	VHAT COUNTRY?	8. MARR	RIED NEVER MARE	HED L	ORE CITY OR COL	INTY OF DEATH	
¥2.74				u	2	WIDOV	for the same of th		act	01	MD.
SE # 2000	10.0	TY OR TOWN OF	EATH		SPITAL, NURSING HO		INSTITUTION	12a. USUAL OCCUP.	ATION (TYPE OF WOR	OR INDUS	TRY
\$9/2 # 6/X	2	aw70	W	ale	wor	lax		FOR MOST OF WORK Secret	ary	Real I	Estate
200000	13s, 5	A RESIDENCE (# PO	I'M COUNTY	THE PATITUTION, O	THE CITY OR TOWN		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	55 4 .		
* *** * * * * * * * * * * * * * * * *		Md.	Queen	Anne	Centrevi		YES X NO	110 5.	Liberty	5+	
B E-S Z	14.F/	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	EN NAME	OOLE	LAST	
ANA KES	Cl	arles			Condon		Mabel			lasters	
N - N - N	Ide. V	AS DECEASED EVI	I DE HEL GIVE WA	D FORCES?	16b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
BALTIMO URS AFTER S. GIVE PA WITH FOR PAGES 1		o			299-32-8	3931	Charles	Condon	Miamis	shurg. ()hio
2 8 -		18. CAUSE OF DE	ATH (Enter only	ane cause per lin	e for (a), (b), and (c).)	0 0	L T			APPROXIMA BETWEEN ONS	TE INTERVAL
STON ST THE 24 HC IN ITEM IS ALONG SIT PERMIT		PARTIDEATH	WAS CAUSED B	3Y:	Multip	le o	m. on	pine		1-1	_
A SECTION A	7	8170		(DUE TO, O	R AS A CONSEQUENC	EDE	10:			Justans	likens
W. PREST D. WITHIN ENCIL IN MINER J. TRANSIT PATAL HY REMOVAL		Conditions, if	ony, which) (b)		IPCA	a ong				
2 × 2 × 4 × 2		couse (a) state lying couse la	ng the under-	DUE TO, O	R AS A CONSEQUENC	E OF		,			
高 元章 原元		Tylog couse is	91.	((c)						1000	
		PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO	NTRIBUTING TO DEAT	H BUT NOT RELATED TO THE T	ERMINAL OISEAS	SE OR CONDITION GIVEN IN PA	ART I (a).			
RECORDS VID BE EXE PENDING F MEDICA ED AS A B PERATH AN REMATION	S O										
88 7 85 Z	N.	18s. DATE OF OPE	RATION	19b. COND	ITION FOR WHICH OF	ERATION V	VAS PERFORMED?			20. AUTOPSY	?
NIA SEA SEA SEA SEA SEA SEA SEA SEA SEA SE	E			100						YES 🗆	NO
DIVISION OF VITAL SI CERTIFICATE SHOUR RIDED TO THE CHE RE SHOULD BE USE FROM TO BURRAL OF	CERTIFICATION	210 EXTERNAL CA		21b. TIME C	OF INJURY M. MONTH DAY YE	AR ZICH	OW INJURY OCCURRI	D LENTER NATURE OF HUJU	IN TEM 18 PART I OF	R PART 2)	-
* ## 0 P P P P P P P P P P P P P P P P P		UNDERLYING CONTRIBUTING	OR CAUSE OF DE			51 1	user (deceased	() aring the	and rue	30 T	
VISK ENGENERAL PROPAGE	MEDICAL	214 INJURY OCCU		IN DIACE	OF BUILDING	21f. LC	CATION				
DIVIS HIS CEN WRITING WRITING WRITING GE 3 S GE 3 S GE 3 S	2	AT WORK AT	WORK	STREET K	GORY, FARM, ETC.)	184	- 311	Centreul	6 Que	LEN ANK	M
T WASTE		220 1	l l		escribed obove, held ar		osy , Inspectio				
MINER FECATI FEC		death resulted fro						Undetermined mar	, and in my	opinian /	,
EXAM CERTIF OID BI DIREC WITH		October respires in	THOILUTON.	1	Accident X,	Suicide	Homicide	Undetermined mar	iner,	12/10	
A SOUTH AND A SOUTH A		ACTUAL SIGNATURE	XI	Line	th NV		THLE (SPECIFY)		DA		81
EAT SET A	1	SIGNATURE		1 1/	6/11	- ~	2	MEDICAL EXAMI	NER SKG	NED	0/
TO MEDICAL E EXECUTE THE C PAGE A SHOUL APTER DEATH BALTMORE M.		EXAMINER'S NAM (TYPE OR PRINT)	50	hu K	Suit	2, 4,	ADDRESS COM	treville	, UN		
A PAGE	73a.B	URIAL CREMATION	REMOVAL 23b.	. DATE	23c. NAME OF C	EMETERY C	OR CREMATORY	23d. LOCATION			
	F	urial	1	0-17-8							io
DHMH-17 20M 1/73	74. F	UNERAL DIRECTOR	- 1-1		Easton,	Md	Cemeters	REC'D. BY REGISTRAF	25h/REGISTRAP	SSIGNATURE	(page
(VR A15 ME (5))	Ne	wnam Fu	neral		200 S. Ha		0.0		Manu	1	Lette
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Greensboro, Md OCT 27 1981

DHMH - 16 50M 1/81

(VRA 15. 4)

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INFORMETTICK STOCKE	1/10/2010	
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	D Secret raint	
7.5 5/2/ //		apiter 42

Sterough T. Chipay, M.D.

	l	FOR STATE REGISTRAR		DEPARTMENT O	ATE OF MARYLAND F HEALTH AND MENTAL HY I IFICATE OF DEATH	YGIENE 8 REG. N	2 7	5 3	5 2
£ 4		ECEASED NAME FIRST	WIDDLE		LAST		MONTH DAY	YEAR 2b	HOUR 100
poge 3	3. S	Rosi	4. RACE	Is DA	Sara	6 AGE (IN YEARS LAST BIR	08-81	IDER I YEAR IF	UNDER 22 HRS
T. e	1, ,	Female	Caucasia	M	ONTH DAY YEAR		MONTE		DURS MIN.
(BB)	70	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	DUNTRY? 8		9 BALTIMORE CITY O	YRS. OR COUNTY OF E	DEATH	
MARK	1 M	laryland	U.S.A.		RIED 🔀 NEVER MARRIED 🗆 WED 🗍 DIVORCED [Ta	1bot		MD
200		Easton	MEMOTIASUCH FACILITY,	HOSpito	e or other institution	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST OF Housewif	OF WORKING LIFE) IN	7b. KIND OF BUNDUSTRY	USINESS OR
should be		STATE	VTY 13c CITY	OR TOWN Ston	13d. INSIDE CITY LIMITS? YES NO X	Rt. 1.	Box 1	51 E	116
050		Howard	R. W:	illey	FIRST	MIDDLE	FL III	LAST	11
0	16a	WAS DECEASED EVER IN U.S. AF	MED FORCES? 166 SOC	TILLEY	Ida D. 17. INFORMANT	Bell ADDRE		Marsha	311
medico	4	NO (IF YES, GI	220	-28-251	7 Edwin L.	Sard P	reston	. Md.	
iol, cremotion, or removal. or other troumotic event, th		PART I. DEATH WAS CAUSE 436 Conditions, if ony, which gove rise to immediate couse 101, stating the underlying couse last.	DUE TO, OR AS A CO	NEPAN C	en sten	Acciden		APPROXIMATION BETWEEN ONSE HOUN YOUN	T AND DEATH
prior to bur ony injury, o	CERTIFICATION	PART 2 OTHER SIGNIFICANT			UT NOT RELATED TO THE TER	RMINAL DISEASE OR CON 200 AUTOPSY? YES NOTE	20b. IF YES, WE IN CERTIFYING	RE FINDINGS CAUSES OF	
T &		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY		21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I (OR PART 2)	
Item	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	1			2 15		
9	MED	21d. INJURY OCCURRED	21e PLACE OF INJUR (AT HOME STREET, FACTOR		21f. LOCATION STREET	CITY OR TO	WN C	COUNTY	STATE
		22a certify that (1) (this hasp sow the deceased alive or obove, (1) (this did no	1018	od from_	and that in (my) (and apinio	n death occurred on the de	17-	, that	
ZI. # #em		Pareng	12Que	~ K	ATTENDING PHYSICIAN	MEDICAL STA	FF .	22c. PATE SIG	NED 37
IMPORTANT: #		P. Grede	Thodas	MD	400 Dutely	muon's la	NP. Eu	2160	Md
3 ≤	230	BURIAL, CREMATION TENDVAL	73b DATE	23c. NAME C	F CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COL	UNITY	STATE
-		Burial	10-12-81	Spri	ng Hill Cem	. Easton	Ta	albot	Md
A 1/B1 4)	24	Newnam Fur	neral Home	ADDRESS Ea	ston, Md. 21	ATE REC'D, BY REGISTRAN	Pane (SIGNATURE	Chen

Comment Vascalor Accelerate thinks good the second (18 3) of 12 [[] of 12 2) of Pares Pholo Mar Moral Lune English Mi A CONTRACTOR OF THE STATE OF TH Les en 11 Menualis Herpital Stenhen P. Carney, E.D. Laston, Varyland Room to the comment

BP. DHMH - 16 50M 1/81

(VRA 15, 4)

FOR

REGISTRAR

- STATE

COUNTY STATE and that in (my) (our) opinion death occurred an the date and hour and from the causes stated 22c. DATE SIGNED Greensboro Caroline Md. urial Greensboro, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

YEAR

INDUSTRY

2b. HOUR

12h KIND OF BUSINESS OR

LAST

Highway Dept

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO \square

Caraline Company x 10 100 Hours Lastraphia brees Committee and Index Charles . and and the state of the stat ereanspare dem. deservices destrictes Ma. Charter & January and 121 27 1881 Three States finuse be notified

r to burial, crematian, ar remavol.
injury, ar other traumatic event, the medical exer

IMPORTANT: If them 21 is marked ar Item 18 shows any

Newnam Funeral Home

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTIF	ICATE OF DEA	TH		EG. NO.				
		CEASED NAME	FIRST	7***	IDDLE		LAST		20 DATE OF DE		TH D	LY YEAR	26 HOUR	15-
H			MAG	EGALET	F	5+	ARTT		(ct	5	81	12/	· N
	3. SEX			4 RACE		S. DATE C		YEAR	6. AGE (IN YEARS	LAST BIRTHDA		FUNDER I YEAR	IF UNDER 2	4 HRS
		Fema1		Caucas		OC.		02	78		YRS.			
1	(RTHPLACE (STATE OR F	FOREIGN	76 CITIZEN OF W		Y? 8. MARRIE	D NEVER MARE	RIED 🔀	9 BALTIMORE	CITY OR CO	OVYTANC	OF DEATH		
7	_	lary land	ATH	U.S.		WIDOWE	DR OTHER INSTITUT	_	12a USUAL OCC	AA A	bot	126. KIND C	C DIJCINIEC	MD
8	5	Easter.)		(IF NOT IN SUCH	FACILITY, GIVE STR		10- 4	/	(TYPE OF WORK FOR	MOST OF WO			F BUSINES	SUK
/	USU	AL RESIDENCE (IF NURS	ING HOME OR	OTHER INSTITUTION G			03/1/4/		Town		K			_
5	130. 5	Md.	136 COUN	bot	East		13d. INSIDE CITY L		13e. STREET ADD	RESS Fede	ra1	Stre	ot	
	14 FA	ATHER'S NAME		MIDDLE	1464		15. MOTHER'S MA		۸E			Dere		
0		Samuel		E.	Sta	rtt	Eli	zabe		DDLE		Sh	annal	nar
	(1)	VAS DECEASED EVER		MED FORCES? 1	166 SOCIAL SE	CURITY NO.	17. INFORMANT			ADDRESS				
		No		2	216-03	<u>-7488</u>	Violet	Sch	nultz	P	rest	ton, l		
		18 CAUSE OF DEATH PART I. DEATH W	H (Enter on	ly one couse per li D BY:	ine far (a), (b),	and (c)							MATE INTERV	AL EATH_
1		HOLD IMMEDIATE CAUSE (a)									व्यायप	181		
		Due to, or as a consequence of Conditions, if ony, which								chem	a Lan	for		
1		gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF								1	23 (01)	2000		
		underlying cause		(e)	AS A CONSEC	DUENCE OF								
	_	PART 2 OTHER SIGN	HEICANT C	ONDITIONS COM	NTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OF	CONDITIO	ON GIVE	N IN PART 10	3.	
	TION	Aort	n	Theno										
2	CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDIT	ION FOR WHI	CH OPERATIO	N WAS PERFORME	D	20a AUTOPSY			WERE FINDIN		1?
5	ERTI	21g. ACCIDENT WAS UND	ERLYING [21b. TIME OF	INTURY		71r HOW INJURY	COCCUPPE		X	YES		NO [
		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.M. MONTH DAY YEAR				TO HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM !						
	MEDICAL	(IF EITHER NOTIFY MEDIC		21e. PLACE O	FINJURY	19	211 LOCATION							
	¥	WHILE NOT WH	ILE	(AT HOME STREE	ET, FACTORY, OFFIC	E FARM ETC)	STREET		CI	Y OR TOWN	1	COUNTY	STA	ATE
		22a.1 certify that	(this haspit	al) attended the	deceased fran		4 24	981	, ta	10	6	8	that W (we	e) last
		saw the decease abave, (*(we) (d	d alive an	the bady a	fier death.		nd that in (my) (aur)) apinion di	eath accurred or	the date o	nd hour	ond from the	couses state	ed
		DEGREE ATTENDING MEDICAL STAFF								22c DATE	-1			
\dashv		22d, PHYSICIAN		oxes	m				DIRECTOR I			100	-	
		Panel	P	-clas	MI)	400 0	1.1.	(100	~ 8	214	MON	1
		BURIAL, CREMATIO	REMOVAL	THE DATE	23	c. NAME OF C	EMETERY OR CREM	MATORY	23d. LOCATIO		5	*Coren	7	~
	(Burial		10-7-8	Carlo			Cem.	Ea.	ston	1	albot	Md	No.
	12.00	NERAL DIRECTOR			ADDRESS			OCT	REC'D. BY PAGE		REGISTI	NIGHT	Keyke	Ü
	T/I	ormom Fire	nown'	Lomo	T	Tooton	L.M.	UUI	0 100	1 4/10		4		2.4

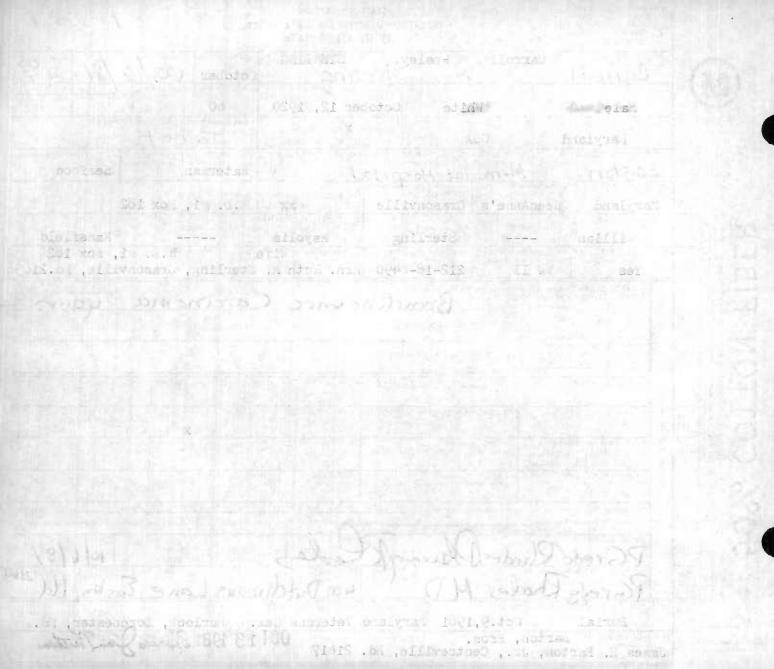
Easton, Md.

DHMH - 16 50M 1/81 (VRA 15, 4)

BANT Wash Zing William De Company 18/18 male modeled out (7)4 evan 5 harris 9

STATE OF MARYLAND

ELECTION AND ALLESSES OF THE PROPERTY OF THE PARTY OF THE nan Transit II THE STORY OF STAR DISTRIBUTE OF THE PROPERTY OF STARTED STARTE Stopping 2. Carmy, C. S. January, S. Dansey, pp. 21852



d completely filled in by the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cal should be defacted for use as the burial-transit permit. Then please remave carbonpapers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

1	1-	FOR STATE REGISTRAR	DEPART		IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.				
		CEASED NAME OR PRINT) EVELY	N STOKES		LAST		1 YEAR 2b. HOUR 33			
	3. SE	FEMALE	4 RACE BLACK	MAY	15 DAY 1914	67 YRS.	UNDER LYEAR IF UNDER 24 HRS NITHS DAYS HOURS MIN.			
40	A	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIE		BALTIMORE CITY OR COUNTY C	MD.			
78	10. CI	TY OR TOWN OF DEATH	MEMORTAL HE			170. USUAL OCCUPATION (TYPOTHER HENDOF WORKING LIFE)	12b. KIND OF BUSINESS OR			
35	13a S	AL RESIDENCE (IF NURS	TINE FEDERALS	BURG	13d. INSIDE CITY LIMITS?	FEDERALSBURG	ARDENS			
50	14. FA	THER'S NAME FIRSTOHN T	CLARK LAST		CORA S	TAP LE MIODIE	LAST			
2	NC	VAS DECEASED EVER IN U.S. AR			RECRDS OF A	MEMORIAL HOSPIT	AL			
		PART I. DEATH WAS CAUSE BY: MMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF CONSEQUENCE O								
2	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P. DITTERS HYPERTENSION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P. DITTERS HYPERTENSION TO DEATH BUT NOT THE TERMINAL DISEASE OR CONDITION GIVEN IN P. 190. DATE OF OPERATION TO DEATH HOUR A.M. MONTH DAY YEAR 210. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 211. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18, PART I ORP								
9	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF ETIMER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK OF THE CONTRIBUTION OF THE CAUSE	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	DEGREE	4 10 9 15 III	that (I) we) fast and from the causes stoted			
1		22d PHYSICIAN'S NAME (TYPE O	JENSEN	1110	ATTENDING PHYSICIAN 7 220. ADDRESS DENTON,	MARYLAND (21629	10/20/8/			
	23a E	BURIAL, CREMATION, REMOVAL BURIAL	23b. DATE 10-24-1981 M	NAME OF C	EMETERY OR CREMATORY ON CHURCH CE	23d LOCATION ETHLEHAM, MD	° CAROLINE			

250 DATE REC'D. BY REGISTRAN 250 SEGISTRANS SIGNATURE

STATE OF MARYLAND

BP_____ DHMH - 16 50M 7/77 (VR A 15 (4))

24 FUNERAL DIRECTOR CHARLES W. HILL, DENTON, MD

1891, 1981	Bally III	STAN RATE	
70	MAR 15, 1914	THAT IS NOT	STANS
		. B. B. U	
SANY CHARTAN	GOP LTAIL		MOTBAR
SHIP O OF BUILDING	IN CAUSE	industry and an	D GM
1913	E 10100	T CLARK	HHOL.
INTERNAL BUREAU	W 3011 (U) 5088-	10-334 08	ou days at 1
AUGTEMB (21529)	, ADTHACE	маемет, д	HTHIMO -
METATORIO CALVARDARIO ME	то извина могу ф	1361-45-51	Tylende
TANK THE SAT	0/9 (0)	es v. unu., dise	Page 1

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to the death certificate be executed within 24 hours	rem signed by the offending physician and completely filled in by the fi
cert	ding
deor	offen
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tho	d by
equires tho	signe
	9

FOR

REGISTRAR

female

Neb.

TO BIRTHPLACE (STATE OF FOREIGN

CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOA

230 BURIAL, CREMATION, REMOVAL

(SPECIFY)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

I. DECEASED NAME

- STATE

TYPE OR PRINT

3 SEX

13g. STATE

4 FATHER'S NAME

no

(YES NO OR UNKNOWN)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5. DATE OF BIRTH

1-10-09

WIDOWED X

MIDDLE

D.

76 CITIZEN OF WHAT COUNTRY?

aura

4. RACE

Cau.

U.S.A.

CERTIFICATE OF DEATH

MARRIED NEVER MARRIED

YEAR

DIVORCED

REG. NO

YRS

9. BALTIMORE CITY OR COUNTY OF DEATH

2b. HOUR

IF UNDER LYEAR

20. DATE OF DEATH

6. AGE (IN YEARS LAST BIRTHDAY)

72

TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING HOME C (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
ट्या अस्वाप	nemoria		Housewife	none
Md. Carol	ine institution give residence before admission) 13. CITY OR TOWN Greensboro	13d INSIDE CITY LIMITS? YES NO 🏋	13e STREET ADDRESS Cedar Lane	
THER'S NAME FIRST MIDE	DLE LAST	15. MOTHER'S MAIDEN NA/	WE	LAST
Luin Drake		Pearl 1	Mcbeth	
AS DECEASED EVER IN U.S. ARMET	0.000.466	17 INFORMANT	ADDRESS	
no	220-22-3454	Hubert War	rren Gre	ensboro Md.
PART I. DEATH WAS CAUSED B IMMEDIATE C		Tract	Infeder	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Days
Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	estego	162	goang
PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
No DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20s AUTOPSY? 20s II YES NO	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO N
THE ACCIDENT WAS UNDERSTING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF THE	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21s: HOW INJURY OCCURR	ED THATES HATURE OF HALLEST PAINTS	N 18 PART I OR PART 2)
THE INJURY OCCURRED	714 PLACE OF INJURY 141 HOME 11995 FACTORY OFFICE YARM ETC.1	THE LOCATION	CITY OR TOWN	COUNTY STATE
AT WORK LI				
27=1 certify that (1) (this hospital) saw the deceased allow to about (1) (4) (distribution out in	100	d that in (my) (ap opinion o	death occurred on the date and	hour and from the couses stated
27h GONALUM	Kede 1	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
P.GREGE	CHODES MD	400 Dutch	rmans Land	e, Easton, Ml
JRIAL, CREMATION, REMOVAL PECIFY) Buriar	10-25-81 Greens	boro Cemete	ry CHYORTOWN Greensboro	Caroline Md.
NERAL DISCIPLY E	10	NOV	02 1981 Chan	

0 10 FUNERAL DIRECTOR. A should be detached for one with the State Dept, of Hea

other troumotic

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MPORTANT.

CERTIFICATION

MEDICAL

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

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と		1	FOR STATE REGISTRAR			DEPARTA	AENT OF H	E OF MAKTLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	27	6 0
		1. DE	CEASED NAME	FIRST		MIDDLE		AST	REG. NO. 20. DATE OF DEATH MONT	TH DAY YEAR	2b. HOUR,
pe	page 3 r death	(TYP	COR BRIDITY	BEK	T	М	(111)	IAMS	10	-7-81	100
тау	, pag	3 SE	х		4 RACE		5 DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
age 4	1		m		L	U	12.		69	YRS. DAYS	HOURS MIN
e e	(MA)		IRTHPLACE (STATE OR FO	DREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	BALTIMORE CITY OR CO	OUNTY OF DEATH	
or dea	FRANCE		Maryland		U.S.	Α	WIDOWE		TALBO	1	MD.
s afte	13 175		EASTON	III	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		OF BUSINESS OR
hour	They	JUSU	AL RESIDENCE (IF NURS					ALCO EASTON	Farmer		
in 24	y filled build be	13a	Md.	Tal	_	Easto		134. INSIDE CITY LIMITS?	R.D. 3	Box 610	
with	sh sh	14. F	ATHER'S NAME		AIDOLE			15. MOTHER'S MAIDEN NA	ME		
uted	30 % of OC		John		M.	Willi.	ams	Leato	WIDDLE	Gann	
exec	e Te	Ióa \	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARA	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS		
ite be	ian and B. Pages I. Int, the m		No			217-36-	1513	Helen H. V	Jilliams	Easton	, Md.
tifica	hysic apers mova c eve		IN CAUSE OF DEATH PART I. DEATH W	H (Enter onl AS CAUSE)	y one cause pe	r line for (o), (b), one	dict.	terralo		BETWEEN	MATE INTERVAL ONSET AND DEATH
th cel	ling p bon p or rel		4100	IMMEDIAT	E CAUSE (a)		/V	0 11 0	117	14	\ /
e dea	e carl tion, ir trau		Conditions, if any,	which	DUE TO, C	OR AS A CONSEQUE	NCE OF	ribable My	o cardial II	porta 1	ninutes
DING PHYSICIAN The law requires that the death certificate be executed within 24 hour stending physician.	een signed by the attending physiciar Then please remove carbon papers. or to burial, cremation, or removal. any injury, or other traumatic event,		gove rise to imm cause (0), statin underlying cause	nediate g the	DUE TO, C	R AS A CONSEQUE	NCE OF	aronay H	Very And	ease 4	ears
w requir	en signe Then ple r to buri ny injur	N O	PART 2 OTHER SIGN	IIFICANT C	ONDITIONS <u>C</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	ON GIVEN IN PART	a)
The la	ehas bermit.	CERTIFICATION	19a DATE OF OPERAT	ION	196 COND	OITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSES YES	
PHYSICIAN ng physician.	Cert I-tra Iter		210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEAT			Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN I	TEM 18, PART 1 OR PART 2)	
HA S	burial- d Men	MEDICAL	21d. INJURY OCCURR		21e PLACE	OF INJURY		211 LOCATION	CUTA CA TOWN	60,415	
ENDING or attendi	After I the but the and the and the and	2	WHILE NOT WE	RK	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	ZIMEEL	CITY OR TOWN	COUNTY	STATE
TENI	TOR: use as Healt		220 1 certify that (1)				D /			19_0	that (we) fost
ATAT	DIRECTOR: thed for use a Dept. of Heal If Item 21 is		sow the deceos abave (1)(we)(b	d alive an	8-12 view the body	ofter death.		d that in my (our) opinion o	death occurred on the date a		
TALOR AT	TO FUNERAL DIRECT thould be detached for with the State Dept. of MPORTANT: If Item		226. SIGNATURE	fa	ut o	2	1	ATTENDING PHYSICIAN	MEDICAL STAFF		2/8/
HOSPI	should be detact with the State IMPORTANT:		T.W.		NTLER	101		220 ADDRESS Eas	ston, Md.		[
To	of of ships	23o.	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP.			Burial		10-10	-81 W	oodl:	awn Mem. Par	k Easton	Talbot	Md
	HMH-16 25M		UNERAL DIRECTOR			ADDRESS		25e. DATI	REC'D. BY REGISTRAR 256	() -/	AZ COM
(VR	IA 15, 4) 1/79	N	lewnam Fu	nera	1 Home	Eas	ston	Md.	12 1381 41	me from	- Minima

2 / 18 - (1 - D) TO TRUNTLENGT WIT Service Little